

W	_	WELL			Form V		-0	57			ion of Wat			*** 11 1	F.				
	Original Record Correction Change Control Change Co					e in Well Use Fraction				Resources App. No. Section Number			Township Number Range			ge Number			
I	County:						1/4	1/4	ecu	on numbe				$\Box E \Box W$					
2		OWNER:	• Last	Name:		First:	<i>,</i> .		Rura	1 Address	Address where well is located (if unknown, distance and								
-	Business:		<u>Dubt</u>			1 1100			irection from nearest town or intersection): If at owner's address, check here:										
	Address:																		
	Address: City:				State:	ZIP:													
3		E WELL																	
•	WITH "X" IN 4 DEPTH OF CO					MPLETED WELL: Encountered: 1) ft.				ft.	5 Latitude:(decimal degrees)								
	SECTIO										Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27								
	Ν	1		2) ft. 3) ft., or 4) Dr WELL'S STATIC WATER LEVEL:							Source for Latitude/Longitude:					AD 27			
[below land surface, measured on (mo-day-yr)									unit make/model:)			
NW NE				above land surface, measured on (mo-day-yr)							(WAAS enabled? ☐ Yes ☐ No)								
				Pump test data: Well water was ft.							Land Survey Topographic Map								
WE				after hours pumping gpm Well water was ft.								Online	e Mapper:						
SWSX				after hours pumping gpm															
				Estimated Yield:gpm							6 Elevation:ft. Ground Level								
-	:	S		Bore Hole Diameter: in. to fr						id <u>Source</u> : Land Survey GPS Top									
		1 mile in. to ft.											Conter						
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 																			
				5. Device the supply: well ID															
	☐ Housel ☐ Lawn &			6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID							11. Test Hole: well ID								
	Livesto					D													
	🔲 Irrigati						iation: well						Loop Horizont						
	☐ Feedlo			🗌 Air Sparge 🛛 Soil Vapor Ext							b) Open Loop 🗌 Surface Discharge 🔲 I				Inj. of Water				
4.	🗌 Industr	ial			Recovery	Γ	Injection				13. 🗌 Other (specify):								
				0	-	itted to	KDHE?	ין	Yes 🗌 N	o l	If yes, dat	e sar	nple was submitte	d:					
				Yes 🗌															
													Glued Clamped			Threaded			
													in. to						
				ERFORA					IDS./I	ι.	wall thic	kness	or gauge No	• • • • • • • • • • • • • • • •	•••				
11	\Box Steel			s Steel	Fiber		 □ PVC	•			□ Of	her (S	Specify)						
	Brass			ized Steel					sed (open h	ole)			speeny)		••••				
SC	CREEN C			TION OPE	NINGS A	RE:			• 1										
		nuous Slot		Mill Slot		auze Wra							Other (Specify)		•••••				
] Key Punch					w Cut					c		ŝ			
SC													ft., From						
0													ft., From						
													ft. to			•••••			
				ontaminati															
[☐ Septic '	Tank			Lateral Line		Dit Privy				ivestock Pe		Insection	cide Stor	age				
	Sewer				Cess Pool		Sewage I				uel Storage		Abando			Vell			
		ight Sewer			Seepage Pit		☐ Feedyard			Fe	ertilizer Sto	orage	🗌 Oil We	ll/Gas W	ell				
							stance from						ft.						
	FROM	TO	<u> </u>		ITHOLOG			we	FROM		ТО		HO. LOG (cont.) or		GING	JINTERVALS			
			_						Notes:										
									-										
11	CONT	RACTOR	r's o	R LANDO	OWNER'S	S CERT	TFICATIO	DN	: This wa	ter v	well was		onstructed, 🗌 reco	onstruct	ed. (or plugged			
un	der my ju	urisdiction	n and	was compl	eted on (n	no-day-y	vear)		ar	nd th	is record	is tru	ie to the best of m	y know	ledg	ge and belief.			
Kε	insas Wa	ter Well C	Contra	ctor's Lice	ense No		This V	Na	ter Well R	lecon	rd was con	mple	ted on (mo-day-ye	ear)					
un	aer the b	usiness na	san	It	WATED W	TELL OW/	NFR and rates	 in 0	ne for your	·····	ls Fee of ¢4	 5 00 f	or each <u>constructed</u> we	 11	••••				
1	KS Departn	nent of Healt											eka, Kansas 66612-136			785-296-3565.			